



# DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

## INFILL INFRASTRUCTURE GRANT PROGRAM

# GRANT APPLICATION PART C

## FY 2008 – 2009 NOFA

Please read instructions fully before completing the application.

State of California  
Department of Housing and Community Development  
Division of Financial Assistance

1800 Third Street, MS 460-2  
Sacramento, CA 95811

Telephone: (916) 324-1555  
Facsimile: (916) 324-1461  
[Website: http://www.hcd.ca.gov/fa/iig/](http://www.hcd.ca.gov/fa/iig/)  
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# DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

**Chris Westlake, Deputy Director**

## **INFILL INFRASTRUCTURE GRANT PROGRAM**

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## Verification of Environmental Review and Land Use Entitlements Form

Complete this form and label it Exhibit C-B-2.

**TO THE APPLICANT:** Complete the Applicant and Project information requested below. Submit this form to the Agency or Department of local government responsible for administration of the items listed. This form may be submitted to more than one Agency or Department, if necessary. QIP applicants need only submit one form per locality to fill out. However, those applying for QIAs or MPPs must submit two forms to each locality to fill out--one form addressing the QIP within the QIA and one form addressing the CIP (infrastructure project). If the NEPA Responsible Entity is not a local government, submit a copy of this form to the appropriate NEPA Responsible Entity. **If an item is not required, include the reason why in the box provided.**

APPLICANT NAME:

APPLICANT ADDRESS:

CITY/STATE/ZIP CODE:

PROJECT NAME:

PROJECT ADDRESS/SITE:

PROJECT CITY:

PROJECT COUNTY:

PROJECT APN(S):

**TO THE LOCAL JURISDICTION OR NEPA RESPONSIBLE ENTITY:** The Applicant named above will submit an application to the State of California, Department of Housing and Community Development, requesting funding for the project named above under the Infill Infrastructure Grant Program (IIG). Projects submitted for program funding will be evaluated based upon readiness. Please answer the following questions:

### Environmental Review

Is this Project approved "by right"?

Yes

No

This form must be completed in its entirety regardless of the answer to the preceding question.

|   |       | Not Required for this Project | Has a Negative Declaration been issued? | Final Date of Public Comment Period | Date(s) EIR Certified / Notice of Determination filed | Date Appeal Period Ends | Have any appeals been filed? |
|---|-------|-------------------------------|---|-------------------------------------|---|-------------------------|------------------------------|
| All Environmental Clearances (CEQA and NEPA) necessary to begin construction are: | CEQA  |                               |   |                                     |   |                         |                              |
|   | NEPA* |                               |   |                                     |   |                         |                              |

In the box below, explain why any items are not required and include documentation, if applicable:

\* For NEPA only, provide a copy of the HUD 7015.16 "Authority To Use Grant Funds" or clarify the current status of the issuance of the HUD form.

### Land Use Entitlements

Mark below the status of the following local approvals.

|  | Not<br>Required | Project is consistent with<br>local planning | An Application has been<br>submitted, accepted and | Date Approved |
|--|-----------------|--|--|---------------|
| All necessary and discretionary public land<br>use approvals except building permits and<br>other ministerial approvals are: |                 |  |  |               |
| General Plan Amendment:  |                 |  |  |               |
| Site Plan Review:  |                 |  |  |               |
| Zoning Approval:   |                 |  |  |               |
| Conditional Use Permits:   |                 |  |  |               |
| Density Bonus:   |                 |  |  |               |
| Other Variances:   |                 |  |  |               |
| Other Variances:   |                 |  |  |               |
| Other Variances:   |                 |  |  |               |
| Other Variances:   |                 |  |  |               |
| Other Variances:   |                 |  |  |               |

In the box below, explain why any items are not required and include documentation, if applicable:

**Signature Block for Environmental Review**

I certify that the information on this form is true and correct to the best of my knowledge.

Date:

Signature of party completing form:

Printed name of party completing form:

Title of party completing form:

Agency or Department:

Agency or Department's Address:

City/State/Zip Code:

Agency or Department's Phone Number:

**Signature Block for Land Use Entitlements**

I certify that the information on this form is true and correct to the best of my knowledge.

Date:

Signature of party completing form:

Printed name of party completing form:

Title of party completing form:

Agency or Department:

Agency or Department's Address:

City/State/Zip Code:

Agency or Department's Phone Number:

**TO THE APPLICANT:** HCD requires an original, fully completed form with "wet signatures". Faxes or electronically transmitted versions of this document will not be accepted.